Bachelor of Philosophy Sample Thesis Prospectus
(Nursing)

Title: Non-Linguistic Barriers Affecting the Level of Medical Care Received by Mexican Immigrants in the United States

Research Question: What non-linguistic barriers affect the level of care received by Mexican immigrants in the United States?

Methodology: A cross-sectional, descriptive study

Population: Mexican immigrants to the United States (legal and illegal) born in Mexico, residing in the US, ages 30-60, male and female

Sampling Frame: quota sample of Mexican born urban PA residents

Primary recruitment through San Jacinto's church

Overall n goal=120

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Age</td>
<td>30-39</td>
<td>40-49</td>
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<td></td>
<td>50-59</td>
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<tr>
<td>US migration</td>
<td>As Adult</td>
<td>As Child</td>
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12 possible combinations: goal-10 participants per category

1. Introduction

Due to a rapid increase in immigration rates and high fertility rates, the number of Mexicans in the United States has increased by 8.3 million in the last ten years contributing to Hispanics becoming the largest minority group in the country (Leybas Amedia, Nuno, & Garcia, 2005). The US Bureau of the Census estimates that by 2050, Latinos will comprise one fourth of the US population (US Census Bureau, 2004). However, they are too often treated in the health care field as an insignificant minority.

In Pittsburgh, where the Latino population is smaller than in other parts of the country but growing quickly, there is only one free medical clinic with translating services, very few Spanish translators in major hospitals, and rarely educational materials in Spanish. Even though the Latino population is not always visible in the community, Pittsburgh Census data suggests that the Hispanic population increased in size by 27.6% in the 1990s (City of Pittsburgh Census Information, 2000), keeping in mind that this data excludes all undocumented immigrants. In the free clinic for Spanish-speaking patients, many Latinos have expressed frustration in dealing with the healthcare system in the US. Their complaints include the expense, the way they are treated as immigrants, the lack of translators, and the fear involved with going to these institutions.

Nathalie Folch, a doctor from Mexico who is working for San Jacinto church has a unique perspective on the current situation of health care in the US for Latinos (personal communication, March 3, 2006). She suggests that oftentimes Latinos feel rushed by doctors and that they do not feel as if they care about them as people but
instead just about their diagnoses. Doctor Diego Chavez-Gnecco is from Colombia and works extensively with Spanish-speaking patients in Pittsburgh. He has sited some of the most common illnesses affecting Latinos in the area to be asthma, diabetes, hypertension, and anemia (personal communication, March 14, 2006). Dr. Patricia Documet, from the University of Pittsburgh’s School of Public Health, focused her doctorate research on cultural barriers affecting the medical care of Latino patients, consequently having an abundance of insight into the challenges for providing adequate and effective care to the Latino population in Pittsburgh. She advised that Latino patients expect their doctors to explain every small detail to them and then finish the appointment asking the patient if he or she has any questions. They do not believe it is their own responsibility to ask questions. If the doctor does not ask, they tend to think that he or she does not care and their principle way to deal with this disappointment is to switch doctors leading to discontinuity in care (personal communication, March 23, 2006).

2. Literature Review

The United States Census Bureau reports that the poverty rate for Hispanics in the US is 22.5% compared to a national average of 12.7%. The percentage of Hispanics without insurance is 32.7% with the national average being 15.7%. Their median household income for 2004 was $34,241 with a national average of $44,389 (US Census Bureau, 2004). These statistics make obvious the fact that substantial culturally-based disparities exist in this country. Due to the primary factor for immigration being labor, those who choose to move to this country tend to be extremely young with 38.4% of Mexican Americans being under the age of 18 and only 4.5% over the age of 65. The median age is 26.6 years compared to 38.6 years for non-Hispanic whites (Durden, 2004). Due to the youthfulness of the Mexican population, there are certain corresponding illnesses that are consequently higher in frequency such as male violence, homicide, HIV infection, suicide, and accidental death. Some other morbidities that rank higher for Hispanics than non-Hispanic whites include chronic liver disease, diabetes mellitus, and illnesses from the environment. There are also high levels of depression in the Mexican American population. It has been found that 18.9% of Hispanic high school females have made at least one suicide attempt in the past year compared to rates of 7.5% for non-Hispanic black and 9% for non-Hispanic white peers. The diabetes rate in Mexican Americans is 23.9% compared to a rate of 12% for non-Hispanic whites. Tuberculosis is also becoming more prevalent, at more than 6 times the rate of non-Hispanic rates, due to the high HIV rate as well as epidemics in the migrant camps (Press, 2001).

First, in order to approach the topic of health for another culture, one must understand that culture's definition of health which includes factors such as "religion, spirituality, psychosocial relationships among members, kinship partners, group composition, social roles, language, values and beliefs, and attitudes about health, suffering, and death" (Ruiz-Beltran & Kamau, p. 128, 2003). It was found that Hispanic immigrants tend to have six common themes with which they define health including integrating physical, emotional, and spiritual aspects; mental health; feeling well; independence; practicing self-care; and orienting towards family (Ailinger & Causey, 1995).

Even with all of the morbidities mentioned previously, only 60% of Mexican Americans report having seen a physician within the past year with 29.6% lacking a usual source of health care (Durden, 2004). Meanwhile, it has been proven that a
having a regular provider or place to go increases routine check-ups consequently decreasing unneeded use of emergency services and the development of avoidable chronic diseases (Hunter, de Zapien, Denman, Moncada, Papenfuss, et. al., 2003). Due to the extremely young age of the population, it is necessary to focus on preventative and basic health care services such as family planning, obstetrical, pediatric and adolescent health care (RuizBeltran & Kamau, 2003). A research study conducted in Atlanta, Georgia discovered that only 76.5% of Hispanics received first-trimester prenatal care while compared with 80.5% of non-Hispanic blacks and 91.4% of non-Hispanic whites. The Behavioral Risk Factor Surveillance Data reported that 7.4% of Hispanics in Georgia had never received a Pap smear to screen for cervical cancer as compared to 4% of non-Hispanic blacks and 2.5% of non-Hispanic whites. Even when controlling for a usual source of care, Hispanics are less likely than non-Hispanics to receive breast exams and blood pressure and cholesterol screenings as well as to have had their last doctor visit with a specialist (Durden, 2004). It has been shown that Mexican and Cuban immigrants are the least likely of all to receive preventative care (Wagner & Guendelman, 2000).

Beyond the evident factors preventing insurance coverage such as high poverty levels among Latinos, other factors such as employment location, acculturation variables, and ancestry add to the difficulty of qualifying for insurance. In addition, many Mexicans are employed in service or labor occupations which do not offer insurance. A national study in 2001 indicated that 61 % of Spanish-speaking Hispanic adults were uninsured while only 36% of English speaking Hispanic adults did not have insurance making language and lack of acculturation additional barriers (Asamoah, Rodriguez, Gin, Varela, Domínguez, et. al., 2004). Beyond the barriers of language and insurance status exist political agendas and a non-global commitment to healthcare that are hindering optimal care for Latinos in the United States. It has been suggested that bi-national insurance be implemented provided by the country of origin, especially for the border region where the majority of Latino immigrants reside, as a first step in creating more equal care among all races and ethnicities (Ruiz-Beltran & Kamau, 2003).

A group of Mexican American nurses identified family support as one of the most important factors to attend to while caring for Mexicans (Warda, 2000). It has been proven that gaining the trust of family members improves compliance and the likelihood that patients will return in the future (Ruiz-Beltran & Kamau, 2003). Physical touch is not only accepted but expected over time. For example, comforting a patient by placing a hand on his or her shoulder can assure the patient and help them focus on the information being relayed. I-Ispanico put a "greater emphasis on talking with friends, even if that makes one late for appointments; greater importance given to the value of being ibyaM, respectful, dutiful, and gracious; more emphasis on cooperation and interpersonal helping; preference for services (physician, lawyer) received from friends, even if the friends are not competent (Triandis, 1983). Triandis explained this general pattern of behavior to be associated with the major dimension of collectivism (vs. individualism) that is found in the Hispanic culture" (Warda, p. 221, 2000).

Acculturation is another consideration in a Mexican patient's health care practices and utilization. Income tends to be a better indicator of actual utilization of health care services while acculturation typically affects a person's health behaviors and provider preferences (Leybas-Amedia et. al., 2005). Acculturation has been shown to have negative effects on health behaviors, such as diet, alcohol consumption, and smoking, especially if arriving in the US at a younger age
Foreign-born immigrants tend to have lower incomes and live in linguistically isolated environments surrounded by other immigrants causing these negative health factors to be adopted more rapidly (Gordon-Larsen, Harris, Ward, & Popkin, 2003). There tends to be lower social support for pregnant women who arrive in the US at an older age, are of a lower socioeconomic status, are less educated, and have higher parity levels. On the other hand, if the women had high levels of social support, there was an associated increase in quality of diet, use of prenatal vitamins, and decreased prevalence of smoking (Harley, Eskenazi, & Block, 2006).

Medicinal plants are also commonly used among Mexicans as a practical and affordable first step in treating an illness. Although many of these herbs are harmless, some of them have adverse reactions when combined with specific medications. Therefore, it is important for healthcare providers to assess whether or not a patient is utilizing these traditional therapies. It was determined that in El Paso, about 78% of the Mexican immigrants were utilizing herbal products (Rivera, Gonzalez-Stuart, Ortiz, Rodriguez, & Anaya, 2005).

When asked ways in which health care could be improved for Hispanics, there was a unanimous agreement that cost reductions would be beneficial. As well, 97.8% believed that Spanish speaking physicians and 93.8% thought evening or Saturday clinics would decrease access barriers (Asamoa et. al., 2004). Due to the fact that the Latino population is a small but quickly growing community in Pittsburgh, it is essential to begin to consider and address their health care practices and access. My research will aim to more fully understand the health beliefs and perceived barriers to care of the Mexican immigrant population in Pittsburgh with the hope that the knowledge will be able to improve care and access for this group of people.

**Sampling Tool**

1. Demographics
   a. Age
      i. In which age category do you fall? 30-39 40-49 50-59
   b. Gender
      i. What is your gender? Male Female c.
   c. Time in the US
      i. How long have you been in the US?
         Less than 1 year 1-3 years 3-6 years 6-10 years More than 10 years
   d. When did you arrive in the US?
   e. Have you left the country since then? Yes No
   f. If so, when did you return?
   g. Income
      i. What is your typical monthly income? (need some help here)
   h. Marital status
      i. Are you currently: Single Married Divorced Widowed
   i. Family status
      i. How many adults are living in your home? 1 2 3 4 5 6 7
      ii. How many children are living in your home? 1 2 3 4. 5 6 7 8
   j. Education
      i. What was the last level of education you completed?
2. Health
a. General
   i. How would you rate your overall health?
      Poor  Fair  Good  Very Good  No answer
b. Insurance status
   i. Are you insured? Yes  No
c. Preventative care
   i. Checkups: Do you go to the doctor for a yearly check-up even
      when you have no symptoms of being sick?
      Never  Sometimes  Usually  Always  No answer
   ii. Physicals: Are you required by your work or school to receive a
      physical examination from a doctor? Yes  No
   iii. Routine tests: Do you perform self breast exams or self prostate
      checks? Yes  No
   iv. Blood work:
      1. Have you been tested for any sexually transmitted diseases?
         Yes  No
      2. Have you been tested for tuberculosis? Yes  No
v. Vaccines:
   1. Have you received a flu vaccine? Yes  No
   2. Have you received any other vaccinations? Yes  No
vi. If you are sexually active, do you use protection (condoms)?
    Never  Sometimes  Usually  Always  N/A
   d. Screenings: For women only, have you had yearly mammograms?
      Never  Sometimes  Usually  Always  No Answer

3. Culture
a. Language proficiency
   i. I feel comfortable speaking to a doctor about a medical condition I
      may have in English:
      Strongly Disagree  Disagree  Agree  Strongly
      Agree  No Answer
   ii. I feel comfortable ordering a meal in a restaurant in English:
      Strongly Disagree  Disagree  Agree  Strongly
      Agree  No Answer
   iii. I speak English in my home:
      Never  Sometimes  Usually  Always  No Answer
   iv. I speak English at work:
      Never  Sometimes  Usually  Always  No Answer
b. Knowledge of medicine:
   i. Can you explain the purpose of a vaccine? Yes  No
   ii. Do you know why people have their blood pressures checked?
      Yes  No
   iii. Do you know why you should use condoms when sexually active?
      Yes  No
   iv. Do you know why one should perform self breast or prostate
      checks? Yes  No
   v. Can what you eat and how much you exercise affect the health
      of your heart? Yes  No
c. Knowledge of US healthcare system
   i. Do you have a doctor you see regularly in Pittsburgh? Yes  No
Who/Where is it?

iii. Would you know how to get medical services without insurance?  
Yes No

iv. Have you used an emergency department for care? Yes No 
If yes, for what?

v. If yes, how many medical centers do you know of in Pittsburgh where you can receive care in Spanish? 1 2 3 4 5 6 7 8 9 10

d. Expectations for medical care

i. Do you expect for your family to be involved in your medical care?  
Never Sometimes Usually Always No Answer

ii. Do you expect your doctor to be available beyond office hours for you to call if you have a problem?  
Never Sometimes Usually Always No Answer

iii. Do you expect to have a personal relationship with your doctor?  
Never Sometimes Usually Always No Answer

iv. Do you expect the doctor to look you in the eyes?  
Never Sometimes Usually Always No Answer

v. Do you expect your care to be in a private setting?  
Never Sometimes Usually Always No Answer

4. Barriers/Enablers

a. Social support

i. I have someone at home to care for me if I am sick:  
Never Sometimes Usually Always No Answer

ii. I have someone to talk to if I have a problem with my health:  
Never Sometimes Usually Always No Answer

iii. I have someone to talk to if I am feeling sad or lonely:  
Never Sometimes Usually Always No Answer

iv. I have a car: Yes No

b. Translator services

i. I have been provided with a translator at my doctor visits:  
Never Sometimes Usually Always No Answer

ii. The ability of the translator to speak English was:  
Poor Fair Good Great No Answer

iii. The translator treated me with kindness:  
Never Sometimes Usually Always No Answer

C. Care in Spanish versus English

i. I receive my medical care in Spanish:  
Never Sometimes Usually Always No Answer

happy with the overall care provided to me:  
Never Sometimes Usually Always No Answer

5. Doctor/Patient Relationship

a. My doctor treated me with dignity and respect:  
Never Sometimes Usually Always No Answer

b. My doctor explained thoroughly what was wrong with me:  
Never Sometimes Usually Always No Answer

c. My doctor thoroughly explained my treatment, including advice for care at home as well:
d. I felt rushed by the doctor:
Never Sometimes Usually Always No Answer

e. I felt like I had enough time with the doctor:
Never Sometimes Usually Always No Answer

f. I felt comfortable asking the doctor questions:
Never Sometimes Usually Always No Answer

g. I felt like my doctor gave me concrete advice rather than numbers and statistics about my problem:
Never Sometimes Usually Always No Answer

h. Was the care you received in Mexico better or worse? Better Worse
i. Were the doctors in Mexico better or worse? Better Worse

I feel the main barrier to receiving quality care in Pittsburgh for me is:
Language Insurance Transportation Lack of resources/clinics Fear/Discomfort using medical services

2 Qualitative questions to end survey:

The things I like least about going to a doctor in Pittsburgh are:

I feel my healthcare would be better if: